

BAR CODE LABEL



U.S. PATENT APPLICATION

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT
08/487,550	06/07/95	435	1806

APPLICANT

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CONTINUING DATA***
VERIFIED

FOREIGN/PCT APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 09/04/96

***** SMALL ENTITY *****

STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS	FILING FEE RECEIVED	ATTORNEY DOCKET NO.
CA	16	20	3	\$1,210.00	012712-131

ADDRESS

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TITLE

MONKEY MONOCLONAL ANTIBODIES SPECIFIC TO HUMAN B7.1 AND/OR B7.2,
PRIMATIZED FORMS THEREOF, PHARMACEUTICAL COMPOSITIONS CONTAINING, AND
USE THEREOF AS IMMUNOSUPPRESSANTS

This is to certify that annexed hereto is a true copy from the records of the United States Patent and Trademark Office of the application which is identified above.

By authority of the
COMMISSIONER OF PATENTS AND TRADEMARKS

Date

Certifying Officer



B1 Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 03/487,550	FILING DATE 06/07/1995	CLASS 424	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 012712-131
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APPLICANTS

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****CONTINUING DATA********None**** FOREIGN APPLICATIONS ********Note*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 09/04/1996

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
3 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

ADDRESS

21839

TITLE

HUMAN B7.1-SPECIFIC PRIMATIZED ANTIBODIES AND TRANSFECTOMAS EXPRESSING SAID ANTIBODIES

FILING FEE RECEIVED 1145	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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